

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101678004 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15		1					65								
16		1					66								
17							67								
18							68								
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31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38	1						88								
39	1	1					89								
40		1					90								
41		1					91								
42		1					92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND	2						TOTAL IND								
TOTAL DEP	15						TOTAL DEP								
TOTAL CLAIMS	20						TOTAL CLAIMS								

NOT AVAILABLE COPY